

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213MP, 97012, 97014, 97250, 97265, 95900, 95935, 95904, 95925, 97110, 97112, 97540, 99178 and 99214MP.

II. FINDINGS & RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-19-02	99213MP	\$54.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note supports service billed per MFG, reimbursement of \$48.00 is recommended.
6-19-02	97012	\$25.00	\$0.00		\$20.00	Medicine GR (I)(A)(10)(a)	SOAP note supports service billed per MFG, reimbursement of \$20.00 is recommended.
6-19-02	97014	\$25.00	\$0.00		\$15.00		SOAP note supports service billed per MFG, reimbursement of \$15.00 is recommended.
6-19-02	97250	\$55.00	\$0.00		\$43.00		SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
6-19-02	97265	\$50.00	\$0.00		\$43.00		SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
6-24-02	95900 X10	\$640.00	\$0.00	N	\$64.00 / nerve	Medicine GR (IV)(D)	Nerve study report was not submitted to support service billed per MFG; therefore, no reimbursement is recommended.
6-24-02	95935 X4	\$212.00	\$0.00	N	\$53.00 / extremity	Medicine GR (IV)(B)	
6-24-02	95904 X10	\$640.00	\$0.00	N	\$64.00 / nerve	Medicine GR (IV)(D)	
6-24-02	95925 X2	\$350.00	\$0.00	N	\$175.00/study	MFG Preamble and CPT Code Descriptor	
7-2-02 7-3-02 7-10-02 7-12-02	97110 X5	\$225.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support exclusive one to one therapy per MFG; therefore, no reimbursement is recommended.

7-2-02 7-3-02 7-10-02 7-12-02	97112	\$45.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support exclusive one to one therapy per MFG; therefore, no reimbursement is recommended.
7-3-02	97540	\$45.00	\$0.00	F	\$32.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of \$32.00 is recommended.
7-10-02	99178	\$22.00	\$0.00	F	DOP	General Instructions GR (III)	DOP requirements were not met per MFG; therefore, no reimbursement is recommended.
10-8-02	99214MP	\$78.00	\$35.50	H	\$71.00	Medicine GR (I)(B)(1)(b)	The insurance carrier did not submit explanation why only half payment was made. Therefore, services will be reviewed per MFG. SOAP note supports service billed per MFG, additional reimbursement of \$35.50 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$236.50 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is or is not** entitled to reimbursement for CPT codes, 99213MP, 97012, 97014, 97250, 97265, 97540, and 99214MP in the amount of **\$ 236.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$236.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division